

**Bremen Parks & Recreation Department
Accident Report (Participant)****PARTICIPANT:** _____

NAME: _____ ADDRESS _____

AGE _____ SEX: _____ DATE OF BIRTH: _____

PHONE NUMBER: _____

PLACE OF ACCIDENT: _____
(Be Specific)

Witnesses: Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

Leader in charge of activity: Name: _____ Present at scene of
accident

Present at scene of accident: Yes No (Circle one)

Specific Part of body that was injured: _____

Degree and type of Injury: (circle one) Abrasion Fracture Amputation

Laceration Bruise Concussion Burn Other (Specify): _____
_____What person was doing/participating in when accident occurred: _____

First-Aid Treatment (what was done): _____

First-Aid Applied by: _____

Were parents notified?: (circle one) YES NO

Was injured sent to: (circle one) Doctor Hospital Home

Name of Physician or Hospital: _____

Give brief, but thorough explanation of how injury happened; activity injured was involved in, follow-
up comments:

FOLLOW UP BY STAFF: _____

Person Completing Form: _____ Date: _____

Title: _____